

ALARACT 266/2011

DTG: P 211904Z JUL 11

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER  
ON BEHALF OF DA WASHINGTON DC//DASG-HCA/DAMO-DASG//

THIS ALARACT MESSAGE IS SENT ON BEHALF OF THE SURGEON GENERAL//

SUBJECT: NOTIFICATION OF THE 2011-2012 SEASONAL INFLUENZA VACCINATION  
PROGRAM

REF/A/AR 40-562/IMMUNIZATIONS AND CHEMOPROPHYLAXIS/29SEP06//  
REF/B/ASD(HA)MEMORANDUM/SUBJECT: POLICY FOR USE OF INFLUENZA VACCINE  
FOR THE 2010-2011 INFLUENZA SEASON/19JUL10//  
REF/C/ASD(HA)POLICY 08-005/SUBJECT: POLICY FOR MANDATORY SEASONAL  
INFLUENZA IMMUNIZATION FOR CIVILIAN HEALTH CARE PERSONNEL WHO PROVIDE  
DIRECT PATIENT CARE IN DEPARTMENT OF DEFENSE MEDICAL TREATMENT  
FACILITIES/04APR08//  
REF/D/US ARMY MEDICAL COMMAND OPERATION ORDER 09-  
54/SUBJECT: MANDATORY INFLUENZA IMMUNIZATION FOR CIVILIAN PERSONNEL  
PROVIDING DIRECT PATIENT CARE/10JUN09//  
REF/E/US ARMY MEDICAL COMMAND OPERATION ORDER 11-50/SUBJECT: 2011-2012  
INFLUENZA VACCINE IMMUNIZATION PROGRAM/17JUL11//  
REF/F/AR 40-5/PREVENTIVE MEDICINE/25MAY07

1. (U) SITUATION.

1.A. (U) INFLUENZA (THE FLU) IS A CONTAGIOUS RESPIRATORY ILLNESS  
CAUSED BY INFLUENZA VIRUSES. FLU SEASONS ARE UNPREDICTABLE AND HAVE  
THE POTENTIAL TO IMPACT DOD FORCE READINESS AND MISSION. IN THE US  
INFLUENZA RESULTS IN OVER 25-MILLION REPORTED CASES, OVER 150,000  
HOSPITALIZATIONS DUE TO SERIOUS COMPLICATIONS, AND OVER 30,000 DEATHS  
ANNUALLY. VACCINATION IS THE PRIMARY METHOD FOR PREVENTING INFLUENZA  
AND ITS COMPLICATIONS.

1.B. (U) FOR THE 2011-2012 INFLUENZA SEASON, THE ARMY CONTRACTED FOR  
TWO (2) MILLION DOSES OF INFLUENZA VACCINE. THIS AMOUNT WILL ENSURE  
THAT SOLDIERS AND BENEFICIARIES ARE PROTECTED AGAINST INFLUENZA.

1.C. (U) FOR THE 2011-2012 INFLUENZA SEASON, IT IS PROJECTED THAT  
MANUFACTURERS WILL BEGIN DELIVERING INFLUENZA VACCINE TO THE DEFENSE  
LOGISTICS AGENCY TROOP SUPPORT IN AUGUST.

1.D. (U) THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND THE  
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) DEVELOPED  
RECOMMENDATIONS FOR THE 2011-2012 INFLUENZA SEASON. THE  
RECOMMENDATIONS CAN BE FOUND AT [HTTP://WWW.CDC.GOV/VACCINES/PUBS/ACIP-  
LIST.HTM#FLU](http://www.cdc.gov/vaccines/pubs/acip-list.htm#flu).

IMMUNIZATION.

4. (U) ADMINISTRATION / LOGISTICS.

4.A. (U) LEADERS REVIEW THE MILITARY VACCINE (MILVAX) AGENCY WEBSITE, WWW.VACCINES.MIL/FLU FOR FREQUENTLY ASKED QUESTIONS AND ANSWERS AND EDUCATIONAL TOOLS AND REFERENCES.

4.B. (U) PRIOR TO INFLUENZA VACCINATION, PROVIDE VACCINEE AN OPPORTUNITY TO READ THE VACCINE INFORMATION STATEMENTS (VIS). THE CDC PUBLISHES VIS FOR THE INACTIVATED AND LIVE, ATTENUATED INFLUENZA VACCINES. THE VIS CAN BE DOWNLOADED AND REPRODUCED LOCALLY FROM HTTP://WWW.VACCINES.MIL/FLU.

4.C. (U) THE VACCINE HEALTHCARE CENTERS NETWORK IS AVAILABLE TO ASSIST PATIENTS AND HEALTHCARE PROVIDERS WITH ADVERSE REACTIONS POTENTIALLY RELATED TO VACCINATIONS. CONTACT INFORMATION CAN BE FOUND AT HTTP://WWW.VACCINES.MIL.

4.D. (U) THE MILVAX VACCINE INFORMATION CALL CENTER, COM: 1-877-438-8222 IS AVAILABLE FROM 0800 - 1800 HOURS (EASTERN STANDARD TIME), MONDAY THROUGH FRIDAY; AND A CLINICAL CALL CENTER, COM: 1-866-210-6469, IS AVAILABLE 24-HOURS A DAY.

4.E. (U) IMMEDIATELY POST AND TRACK IN MEDPROS ALL VACCINATIONS FOR UNIFORMED PERSONNEL AND DEPARTMENT OF THE ARMY CIVILIANS. ELECTRONIC ENTRY OCCURS AT THE TIME OF OR, AT A MAXIMUM, NLT CLOSE OF BUSINESS THE NEXT DUTY DAY FOLLOWING VACCINATION. PROPER DOCUMENTATION INCLUDES PATIENT IDENTIFICATION, THE DATE THE VACCINE WAS GIVEN, THE VACCINE NAME OR CODE, MANUFACTURER, LOT NUMBER, THE DOSE, VACCINE ADMINISTRATION ROUTE, ANATOMIC SITE, NAME, RANK, AND SSN OF PRESCRIBER, VACCINATOR NAME, THE DATE PATIENT IS PROVIDED THE VIS, AND THE VERSION DATE.

4.E.(1) (U) LEADERS AT ALL LEVELS CAN TRACK INDIVIDUAL SERVICE MEMBER AND UNIT COMPLIANCE USING MEDPROS, ACCESSED ON THE INTERNET AT WWW.MODS.ARMY.MIL. USERS MAY OBTAIN A LOGON ID DIRECTLY FROM THE WEBSITE OR BY CALLING THE MODS HELP DESK, COM: 1-888-849-4341, DSN: 761-4976, OR EMAIL MODS-HELP@ASMR.COM FOR ASSISTANCE. COMMANDERS DESIGNATE PERSONNEL TO ROUTINELY ACCESS MEDPROS TO KEEP THEIR UNITS STATUS CURRENT.

4.E.(2) (U) SOLDIERS MONITOR IMMUNIZATION RECORD IN MEDPROS BY ACCESSING THEIR ON-LINE IMMUNIZATION RECORD IN ARMY KNOWLEDGE ONLINE (AKO).

4.E.(3) (U) THE TRICARE MANAGEMENT ACTIVITY FINAL RULE AUTHORIZING TRICARE RETAIL NETWORK PHARMACIES TO ADMINISTER SEASONAL INFLUENZA AT NO COST TO THE BENEFICIARY REMAINS IN EFFECT FOR THE 2011-2012 SEASON. SERVICE MEMBERS WHO RECEIVE INFLUENZA VACCINATIONS FROM NON-MILITARY FACILITIES PROVIDE IMMUNIZATION DOCUMENTATION, AS OUTLINED IN PARA 4.E. ABOVE, TO THEIR UNIT'S MEDPROS POINT OF CONTACT NLT THE NEXT DUTY DAY FOLLOWING VACCINATION.

1.E. (U) THE 2011-2012 TRIVALENT INFLUENZA VACCINE STRAINS ARE A/CALIFORNIA/07/2009 (H1N1)-LIKE, A/PERTH/16/2009 (H3N2)-LIKE, AND B/BRISBANE/60/2008-LIKE ANTIGENS.

2. (U) MISSION. OFFICE OF THE SURGEON GENERAL (OTSG)/COMMANDER US ARMY MEDCOM (USAMEDCOM), CONDUCTS THE 2011-2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM (IVIP) IMMEDIATELY UPON RECEIPT OF INFLUENZA VACCINE AT MEDICAL TREATMENT FACILITIES (MTF), TO PROTECT INDIVIDUALS AT RISK OF DEVELOPING INFLUENZA AND ITS COMPLICATIONS.

3. (U) EXECUTION.

3.A. (U) THE INTENT OF THE INFLUENZA PROGRAM IS TO PROTECT ALL ARMY ACTIVE COMPONENT (AC), ARMY NATIONAL GUARD (NG), US ARMY RESERVE COMPONENT (RC) PERSONNEL, MISSION-ESSENTIAL CIVILIANS, HEALTHCARE PERSONNEL, AND TRICARE BENEFICIARIES FROM INFLUENZA AND ITS COMPLICATIONS. THE KEY TASK IS TO IMMEDIATELY VACCINATE PERSONNEL LISTED ABOVE WITH INFLUENZA VACCINE UPON RECEIPT OF VACCINE, EXCLUDING THOSE MEDICALLY EXEMPTED. COMMANDERS ENSURE 100% OF AC, NG, RC PERSONNEL, AND MANDATORY HEALTHCARE PERSONNEL (HCP) (EXCLUDING THOSE MEDICALLY EXEMPT) ARE IMMUNIZED, WITH A MILESTONE REQUIREMENT OF 90% OR GREATER NLT 01 DEC 11.

3.B. (U) THE IVIP IS A COMMANDER'S FORCE HEALTH PROTECTION RESPONSIBILITY. COMMANDERS FOLLOW GUIDANCE NECESSARY TO PROPERLY IDENTIFY AND EDUCATE SERVICE MEMBERS AND TRICARE BENEFICIARIES TO BE VACCINATED, TRACK IMMUNIZATIONS, AND ENSURE APPROPRIATE MEDICAL EVALUATION IF THEY EXPERIENCE ADVERSE REACTIONS FOLLOWING VACCINATION.

3.C. (U) INTRANASAL VACCINE IS HIGHLY RECOMMENDED FOR NEW ACCESSIONS AND ELIGIBLE CHILDREN WITHOUT A MEDICAL CONTRAINDICATION.

3.D. (U) POST AND TRACK ALL VACCINATIONS IN THE MEDICAL PROTECTION SYSTEM (MEDPROS) FOR AC, RESERVE COMPONENT (RC) SOLDIERS, AND DA CIVILIANS. FOR THE PURPOSE OF CAPTURING WORKLOAD, ENTRY INTO THE ARMED FORCES HEALTH LONGITUDINAL TECHNOLOGY APPLICATION (AHLTA) SHOULD ALSO BE CONSIDERED. FOR ALL OTHER BENEFICIARY CATEGORIES, AHLTA WILL BE USED TO DOCUMENT VACCINATIONS.

3.E. (U) DOCUMENT VACCINE ADVERSE EVENTS IN AHLTA AND SUBMIT AN ON-LINE VACCINE ADVERSE EVENT REPORTING SYSTEM REPORT AT:  
[HTTP://VAERS.HHS.GOV/ESUB/INDEX#ONLINE](http://vaers.hhs.gov/esub/index#online).

3.F. (U) IAW AR 40-5 (REFERENCE F), MEDICAL LEADERSHIP REPORT CASES OF INFLUENZA TO PREVENTIVE MEDICINE ASSETS.

3.G. (U) UPON RECEIPT OF SEASONAL INFLUENZA VACCINE, ARMY COMMANDS (ACOMS), ARMY SERVICE COMPONENT COMMANDS (ASCCS), DIRECT REPORTING UNITS (DRUS), AND ARNG UNITS WILL BEGIN VACCINATING.

3.H. (U) ACOMS, ASCCS, DRUS, AND ARNG ENCOURAGE FAMILY MEMBERS, CIVILIANS EMPLOYEES, AND CONTRACTORS TO BE VACCINATED.

3.I. (U) PRECLUDING SHORTAGES, NO ELIGIBLE BENEFICIARY IS DENIED

5. (U) COORDINATING INSTRUCTIONS.

5.A. (U) HQDA POCS:

5.A.(1) (U) OTSG/MEDCOM: LTC PATRICK GARMAN, MILVAX DIRECTOR, COM:  
703-325-6548, DSN: 221-6548, EMAIL: PATRICK.GARMAN@US.ARMY.MIL.

5.A.(2) (U) OTSG/MEDCOM: MR. BRIAN TWELE, HEALTH SYSTEM SPECIALIST,  
COM: 703-325-6569, DSN: 221-6569, EMAIL: BRIAN.TWELE@US.ARMY.MIL

5.A.(3) (U) HQDA AOC-CAT: SURGEON ACTION OFFICER, COM: 703-693-4821,  
DSN: 223-4821, EMAIL: OTSG.AOCCAT@CONUS.ARMY.MIL.

5.B. (U) EXPIRATION DATE: 30 JUN 12.